THE NATIONAL INSURANCE BOARD

NOMINATION OF BENEFICIARY

				N.I. NUMBER						
					1	<u> </u>		<u> </u>		
(Surname)		(BLOCK	(BLOCK LETTER.			(Other Names)				
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DATE OF BIRTH		`	s	TER. (Other Names) SEX: beneficiary: (Other Names)	•					
	DAY MON	TH YEAR					· .			
Declare that I am a single	person and I here	eby nominate as	my benefic	ciary:						
		*******************		-	•					
(Surname)						(0	ther N	ames)		
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hose Electoral I.D. Num	ber is		,							
OR					-					
Passport Number is OR	·	••••••	************							
Other .			••••••							
(Please specify e.g. Driv	er's Permit, Work	k-badge etc.)								
	(***			· ·	I	1			1	
IATIONAL INSURANCE	NO. (If any)		-	<u> </u>	l	1I)	
I declare that to the	he best of my kn	owledge and bel	ief the abov	ve info	rmatio	n is trı	ıe and	correct	t	
w.	I hereby revok	e all former non	ninations m	ade by	me.					
en e						•			á	
Date		••	••••••	Simo	iture oi			••••••	•••••	
Date					sured l		O1			
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Name of Witness to Si (BLOCK CAPITAL		Signature of Witness (Please refer to 'Note 2' on the reverse side of								
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•••••				FIO	. C331Uf1,	, Kalik				
Address of Witne	SS									

NOTES

NOTE (1): This form is to be used ONLY where an Insured Person wishes to nominate his/her common-law spouse to receive Survivors Benefits under Section 2 of the National Insurance Act.

Both the Insured Person and the Nominee must be single persons.

A single person means a person who has never married or whose marriage has been dissolved by a decree absolute of divorce or declared a nullity or whose lawful spouse has already died.

- NOTE (2): The Signature of the declarant is to be witnessed by any Magistrate, Justice of the Peace, Clergyman, Warden, Bank Manager, Doctor of Medicine, Solicitor, Barrister-at-law, Principal of any Government School, Head of Department, Head of any Government Institute, Police Officer of the rank of Sargeant of Police and above, the declarant's employer or any employee of the National Insurance Board.
- NOTE (3): The form must be submitted to the National Insurance Board during the life of the Insured Person. Any form received after death of the Insured Person will not be considered.